

STATE SURVEY SCHEDULE FORM

RECOMMENDED FORM FOR REPORTING STATE COMPLETED SURVEY INFORMATION

CMS REGION _____ **CONTACT PERSON** _____ **PH#** _____

PLEASE SUPPLY THE FOLLOWING INFORMATION FOR **SURVEYS CONDUCTED IN THE PAST THREE WEEKS.**
(PLEASE COPY AND PASTE IF ADDITIONAL PAGES ARE NEEDED.)

FACILITY:	TLA END DATE: ____ EXTENDED DATE: ____
PROVIDER #	CONDITIONS OUT? ____
Address: _____ City, STATE: _____	
FACILITY SIZE: _____ SURVEY START DATE: _____ LENGTH OF SURVEY: _____ TYPE OF SURVEY: _____	
TEAM COMPOSITION:	

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TEAM COMPOSITION:	